

Lancaster PTO
Cash Box Request Form

Complete form 2 weeks prior per cash box being requested

Name of Requestor: _____ Date Submitted: _____

Requestor Phone: _____

Event being requested for: _____

Date Needed: _____ Total Amount Needed: \$ _____

Change Requested:

\$10 x _____ = _____.

\$ 5 x _____ = _____.

\$ 1 x _____ = _____.

25¢ x _____ = _____.

10¢ x _____ = _____.

5¢ x _____ = _____.

1¢ x _____ = _____.

} TOTAL \$ _____.

Approved by (PTO officer) _____ Date: _____

Verified by Event Volunteer _____ Date: _____